



LOS ANGELES COUNTY

**WIA Adult, Dislocated Worker, and Rapid Response
Programs**

INFORMATIONAL BULLETIN

Number: ADW B14-02

Subject: Technical Assistance Process

Date: September 24, 2014

Effective Date: Immediately

TO: Los Angeles County Workforce Investment Act (WIA) Adult, Dislocated Worker, and Rapid Response Programs Contractors

This bulletin provides an updated Technical Assistance (TA) process for WIA Adult, Dislocated Worker, Rapid Response, National Emergency Grant (NEG), and 25% Additional Assistance Grant (AA) programs.

LA County AJCC's received the PY 2014-15 TA schedule on August 29, 2014. LA County may schedule additional visits based on need. Starting with PY2014-15, the TA process is updated to include an interview with agency management, a facilities walkthrough, and an in depth customer file review.

Our interview with agency management will include a review of staffing levels for various services, performance, expenditures, and general agency operations. We will review signage, Americans with Disabilities Act (ADA) compliance, and general facility aptness during our walkthrough. Customer file review will include eligibility, supportive services, training, and other services provided. CSS Program Division will assess overall agency suitability within our system based on this, and make recommendations if needed.

This enhanced process will enable LA County to identify areas of concern in contract noncompliance, inadequate facilities, and disallowed costs. This is necessary and essential to assist all AJCC's to maximize services in the most effective manner.

Below is the TA step by step process:

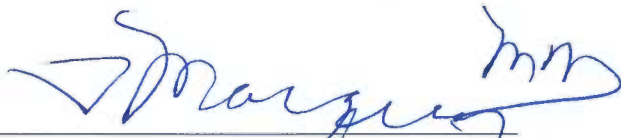
- 1st Visit
 - Providers will receive the requested list of files by close of business the day before the scheduled visit.

- LA County WIA program staff will meet with agency staff to address any questions or concerns, upon arrival.
- TA Team will review the program files using the *Technical Assistance Checklist* (Attachment A).
- Team Lead will review the *WIA Administrative Review Checklist* (Attachment B) with agency Executive Director and/or Program Manager.
- At the end of the review, TA Team will meet with agency staff to review the major issues identified.
- Send TA letter to agency Executive Director within 5 business days highlighting the issues identified during our visit.
- Request a Performance Enhancement Plan (PEP) within 7 business days (if needed).
- 2nd Visit
 - Schedule a follow up visit with agency (based on PEP response, if needed).
 - Refer matter to Contracts Compliance and Contracts Management Divisions if issues still persist at the agency (if needed).

In addition to the visits scheduled by LA County, agencies may request additional assistance by sending a request to wiaadw@css.lacounty.gov.

If you have any questions or concerns, please email us at wiaadw@css.lacounty.gov.

Thank you,

A handwritten signature in blue ink, appearing to read 'Josie Marquez', with a stylized 'mm' or 'mn' to the right.

**Josie Marquez, Assistant Director
Workforce and Community Services Branch**

Attachments

- A. *Technical Assistance Checklist*
- B. *WIA Administrative Review Checklist*

Community and Senior Services (CSS) Technical Assistance Checklist PY 2014-15
WIA Adult, Dislocated Worker, NEG and 25% AA Grant Programs

Agency: _____ Employer Name: _____ LOD _____

Name:	Participation #:	Date:	Grant Code:
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Right to Work (INS Form I-9)	
<input type="checkbox"/> LIST A <input type="checkbox"/> US Passport <input type="checkbox"/> Per. Resident Card <input type="checkbox"/> Other: _____ <p align="center">OR</p> <input type="checkbox"/> LIST B <input type="checkbox"/> CA ID Card <input type="checkbox"/> CA Diver License <input type="checkbox"/> Other: _____ <input type="checkbox"/> LIST C <input type="checkbox"/> SSN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____ Right to Work Documents <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Selective Service							
<table border="1" style="width:100%"> <tr> <td style="width:50%">Male 18 years of age or older born after 12/31/1959</td> <td style="width:50%"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> <input type="checkbox"/> Documentation provided: Ex: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Other: _____ </td> <td><input type="checkbox"/> No Documentation</td> </tr> <tr> <td><input type="checkbox"/> Confirmation Date: _____</td> <td><input type="checkbox"/> Dated after participation date</td> </tr> </table>	Male 18 years of age or older born after 12/31/1959	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Documentation provided: Ex: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Documentation	<input type="checkbox"/> Confirmation Date: _____	<input type="checkbox"/> Dated after participation date	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Dislocated Worker / NEG / 25% AA Grant Program Eligibility																			
<input type="checkbox"/> 1: Terminated/Laid Off- (All 3 Areas are required) <table border="1" style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> Area A</td> <td style="width:33%"><input type="checkbox"/> Lay-off Letter <input type="checkbox"/> UI Form: _____</td> <td style="width:33%"><input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Area B</td> <td><input type="checkbox"/> UI Form: _____</td> <td><input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Area C</td> <td><input type="checkbox"/> LMI <input type="checkbox"/> IAW Docs.</td> <td><input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____</td> </tr> </table> <input type="checkbox"/> 2: Plant Closure/Substantial Layoff (1-Documents required) <input type="checkbox"/> WARN/WARN listing <input type="checkbox"/> Tel. Statement <input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> 3: General Announcement of Plant Closure (1-Documents required) <input type="checkbox"/> Area (a) <input type="checkbox"/> App. Statement <input type="checkbox"/> Media Announcement <input type="checkbox"/> Other: _____ <p align="center">-OR-</p> <input type="checkbox"/> Area (b) <input type="checkbox"/> App. Statement <input type="checkbox"/> Media Announcement <input type="checkbox"/> Other: _____ <input type="checkbox"/> 4: Self – Employed (1-Documents required) <input type="checkbox"/> Bus. Info <input type="checkbox"/> App. Statement <input type="checkbox"/> Media Announcement <input type="checkbox"/> Other: _____ <input type="checkbox"/> 5: Displaced Homemaker (1-Documents required) <input type="checkbox"/> Area A <input type="checkbox"/> Family Member: _____ <input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Area B <input type="checkbox"/> Rejection Notices <input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> 6: Voluntarily Terminated Employment and UI Eligible (See Category 1) <table border="1" style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> Area A</td> <td style="width:33%"><input type="checkbox"/> Lay-off Letter <input type="checkbox"/> UI Form: _____</td> <td style="width:33%"><input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Area B</td> <td><input type="checkbox"/> UI Form: _____</td> <td><input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Area C</td> <td><input type="checkbox"/> LMI <input type="checkbox"/> IAW Docs.</td> <td><input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Area A	<input type="checkbox"/> Lay-off Letter <input type="checkbox"/> UI Form: _____	<input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Area B	<input type="checkbox"/> UI Form: _____	<input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Area C	<input type="checkbox"/> LMI <input type="checkbox"/> IAW Docs.	<input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Area A	<input type="checkbox"/> Lay-off Letter <input type="checkbox"/> UI Form: _____	<input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Area B	<input type="checkbox"/> UI Form: _____	<input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Area C	<input type="checkbox"/> LMI <input type="checkbox"/> IAW Docs.	<input type="checkbox"/> App. Statement <input type="checkbox"/> Other: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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IEP											
<table border="1" style="width:100%"> <tr> <td style="width:15%"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width:85%">If Code 205 was used, was an IEP Developed?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Do case notes include a plan for activity for the customer?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Does the IEP include the Objective Assessment Summary (OAS)?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Is the IEP updated continuously as activities occur?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Is the IEP dated and signed by the participant?</td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Code 205 was used, was an IEP Developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do case notes include a plan for activity for the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the IEP include the Objective Assessment Summary (OAS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the IEP updated continuously as activities occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the IEP dated and signed by the participant?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Supportive Services Expenditures									
<table border="1" style="width:100%"> <tr> <td style="width:15%"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width:85%">Need is documented</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Benefit is documented</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Supportive documentation is included (e.g. receipts)</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Appropriate Supportive Services activity code opened</td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Need is documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit is documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supportive documentation is included (e.g. receipts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate Supportive Services activity code opened	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Documentation for Grievance/Complaint Procedures					
<table border="1" style="width:100%"> <tr> <td style="width:15%"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width:85%">WIA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 5/2011)</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>WIA Applicant Acknowledgement Statements (Dated 5/2011)</td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No	WIA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 5/2011)	<input type="checkbox"/> Yes <input type="checkbox"/> No	WIA Applicant Acknowledgement Statements (Dated 5/2011)	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Training	
<input type="checkbox"/> Yes <input type="checkbox"/> No Training need and benefit is documented <input type="checkbox"/> Yes <input type="checkbox"/> No Local LMI used to link to occupations in demand <input type="checkbox"/> Yes <input type="checkbox"/> No Identification and selection of ITA through assessment <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in appropriate enrollment code in CalJOBS <input type="checkbox"/> Yes <input type="checkbox"/> No Certificates of Completion <input type="checkbox"/> Yes <input type="checkbox"/> No Customer choice met <input type="checkbox"/> Yes <input type="checkbox"/> No Link to employment <input type="checkbox"/> Yes <input type="checkbox"/> No Waiver (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No Case notes acceptable	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

On The Job Training (OJT)																															
<table border="1"> <tr> <td>Employer Name and Address</td> <td></td> </tr> <tr> <td>Employer Info</td> <td>Total full time employees____; Employees at the unit____; Supervisor/Employee ratio ____ / ____; Total OJT participants previously placed with this employer ____; Total former OJT's currently employed full time unsubsidized ____.</td> </tr> <tr> <td>OJT Info</td> <td>OJT duration ____ (M/W); Total hours ____; Wage \$____ (H/W/M); Benefits included (Y / N); Employer reimbursement rate ____%.</td> </tr> <tr> <td>Job Description</td> <td>Job title____; OES code____ Industry sector____; High growth sector (Y / N)</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>OJT agreement with employer and participant signed/dated prior to OJT start?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>OJT need and benefit established and documented thru assessment?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Participant has the skills and qualifications to successfully complete the OJT?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>IEP supports the OJT and is developed and signed prior to OJT start?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Employer is committed to hiring participant upon successful completion?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>AJCC monitoring OJT progress monthly to ensure goals are met?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Agreement includes an outline with detailed topics and skills with time at each?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Monthly performance reviews on file?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Final evaluation on file? MUST include whether participant satisfactorily met the training objectives. Should be consistent with monthly performance reviews.</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Upon completion, was the participant hired?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Case notes acceptable?</td> </tr> </table>	Employer Name and Address		Employer Info	Total full time employees____; Employees at the unit____; Supervisor/Employee ratio ____ / ____; Total OJT participants previously placed with this employer ____; Total former OJT's currently employed full time unsubsidized ____.	OJT Info	OJT duration ____ (M/W); Total hours ____; Wage \$____ (H/W/M); Benefits included (Y / N); Employer reimbursement rate ____%.	Job Description	Job title____; OES code____ Industry sector____; High growth sector (Y / N)	<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT agreement with employer and participant signed/dated prior to OJT start?	<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT need and benefit established and documented thru assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant has the skills and qualifications to successfully complete the OJT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP supports the OJT and is developed and signed prior to OJT start?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer is committed to hiring participant upon successful completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	AJCC monitoring OJT progress monthly to ensure goals are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreement includes an outline with detailed topics and skills with time at each?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly performance reviews on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Final evaluation on file? MUST include whether participant satisfactorily met the training objectives. Should be consistent with monthly performance reviews.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon completion, was the participant hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case notes acceptable?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Co-Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Need Documented (customer choice, customer benefit, funding) <input type="checkbox"/> Yes <input type="checkbox"/> No Separate files for each funding stream	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Case Notes and Documentation	
<input type="checkbox"/> Yes <input type="checkbox"/> No Cases notes are noted in detail, clear, and fully developed <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant statements are complete, clear, detailed and fully developed <input type="checkbox"/> Yes <input type="checkbox"/> No Confidential health information kept on separate forms in separate locked files <input type="checkbox"/> Yes <input type="checkbox"/> No Activity codes match information in the case notes	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Certification of Review		
CSS REPRESENTATIVE NOTES:		
All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTES:		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ CSS REPRESENTATIVE PRINT NAME</div> <div>_____ SIGNATURE</div> <div>_____ DATE</div> </div>		



Los Angeles County Community and Senior Services Workforce Investment Act Administrative Review Checklist PY 2014-15



Agency Name:		Hours of Operation:	
Executive Director:		ADW Program Manager:	

Interview with Agency Management

Business Services Representative Name(s):

LEP Coordinator Name(s): Center Primary Language Needs: How do you handle other language or sign language needs?
--

ADA Coordinator Name(s): What is the referral process for customers with disabilities (through partnership or provision of information)?

Rapid Response Liaison Name(s):

MIS Administrator Name(s):

MOU's Current? Yes No If no, why not? When will they be?

Performance on Track? Yes No If no, what steps are being taken?
--

Expenditures on Track? Yes No If no, what steps are being taken?

How does the agency market its services to businesses?

How are employers and customers “brought together”?

Does the agency offer training or educational programs for employees?

Does the agency provide opportunity for promotions within the organization?

Is there a Title V representative on site and does the employee serve as an advocate for the older American?

Are partners truly included in CQI processes?

How?

What is the composition of the CQI Team?

Is information shared with all staff from management to line staff (CQI, operational processes, program updates, etc.)?

How?

Is staff empowered to make decisions, be part of the CQI process?

How?

Facility Walkthrough

WIA Equal Opportunity is the Law Posting (Dated 5/2011) WIA Grievance and Complaint Procedures Posting (Dated 5/2011)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior signage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled parking spaces in close proximity to Center and appropriately labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to facility (ADA Compliance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ramps at emergency exits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate signage in resource room (also Braille)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephones, Fax, and UI line in resource room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TTY line(s) and number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of computers in resource room: Number of printers in resource room:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistive technology (software/hardware) including JAWS, Dragon, etc. Systems must be operational without using a mouse and must be able to operate using voice activation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resource literature (housing, clothing shelters, childcare, agencies serving persons with mental and physical disabilities, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resource literature in languages other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mission / Values statement posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothes Closet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restrooms are clean and ADA Compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Services Room		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Computer(s)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Printer(s)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Copier(s)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Telephone(s)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Fax machine		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Resource materials (including literature on services to business, tax credits, information on local Chambers of Commerce, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certification of Review		
CSS REPRESENTATIVE NOTES:		
All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTES:		
<hr/>	<hr/>	<hr/>
CSS REPRESENTATIVE PRINT NAME	SIGNATURE	DATE

Last Updated: 9.14